

**Labor Organization Officer
and Employee Report**

**U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards**

Form approved - OMB No. 1215-0122
Expire 11-30-2002

015379

This report is mandatory under P.L. 96-287, as amended. Failure to timely file may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 404,446.

1. Name and address of person filing

Adriana Sanchez
1190 Durfee Avenue, Suite 200
S. El Monte, CA 91733

2. Name and address of labor organization

Miscellaneous Warehousemen Drivers
and Helpers Local 986
1190 Durfee Ave., Suite 200
S. El Monte, CA 91733

3. Position in labor organization
Secretary

4. Date fiscal year ended

12/31/00

5. File number (if applicable)

11-1826

Check appropriate items below. During the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (oranges) as specified in the questions set forth in the instructions:

1. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your labor organization represents or is actively seeking to represent.

2. Nature of Employer
Address of Employer

3. Nature of Interest, Transaction or Income

1. Held an interest in or derived income or economic benefit with monetary value from a business: (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

4. Name of business

Address of business

American Income Life Insurance Co. P. O. Box 2608, Waco, Texas 76797

5. Business deals with

10. If 9B or 9C is checked give trustee or employer's name

A. Labor Organization B. Trust C. Employer

N/A

11. Nature and approximate dollar value of such dealings

Premium paid for AD&D Policy by insurance company
11/99 - 7/00 \$2.79

12. Nature of interest, term or income received

Benefit of premium paid by insurance company; policy cancelled effective 7/31/00 by Local 986.

13. Proceeds from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer only payment of money or other thing of value

14. Name and address of employer Consultant 15. Nature of payments

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

16. Signature and verification—The undersigned declares under the applicable provisions of the law, that all of the information in this report, including the documents incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signature: Adriana Sanchez

At: S. El Monte
City

CA State: CA
Date: 8/2/00

Form LM-30 (Rev. 7-2002)